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12/29/00

rmation unless it displays a valid OMB control number.

UTILITY **PATENT APPLICATION TRANSMITTAL**

Attomey Docket No. 42390P10205 Jacob Christensen First Inventor

Title | METHOD AND APPARATUS TO MANAGE PACKET

O(Only for new nonprovisional applications under 37 CFR 1.53(b)) Express Mail Laber No. 10 EL034436055US												
	See I		APPLICATION ELEN			ΑĽ	DDRESS TO:	Bo	x Patent Ap	oplicatio		JC
	Fee Transmittal Form (e.g., PTO/SB/17)				Washington, DC 20231 7. CD-ROM or CD-R in duplicate, large table or							
		(Submit an o	riginal and a duplicate for fee pro	cessing)	•	Ц	Computer Prog			Clabic	OI .	
	 2. Applicant claims small entity status. See 37 CFR 1.27. 3. Specification [Total Pages 46] (preferred arrangement set forth below) - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix 					 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Form (CRF) b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or ii. paper c. Statements verifying identity of above copies 						
- Background of the Invention - Brief Summary of the Invention						ACCOMP	ANYING	APPLICA	ATION	PARTS		
Brief Description of the Drawings (<i>if filed</i>) Detailed Description Claim(s) Abstract of the Disclosure			if filed)	10.	_	Assignment Page 37 C.F.R. § 3. (when there is	nent(s)) Power of Attorn	еу				
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5.		th or Decla	[/Ota	IPages 6]	13.	П	Preliminary Ar	,				
a. Newly executed (original or copy) b. Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 18 completed) i DELETION OF INVENTOR(S))) 14.	×								
			^{d)} 15.		Certified Copy			nt(s)				
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).				16.	(if foreign priority is claimed) 16. Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must ettack form PTO(SR/05 as its assistant to the control of							
				17.	Applicant must attach form PTO/SB/35 or its equivalent. Other:							
18.	lf a (NG APPLICATION, chec							a prelim	ninary amendme	nt:
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Box	5b, is	s considere	OR DIVISIONAL APPS onled a part of the disclosure of	f the accompanying co	ntinuati	on or	divisional applic	ation and i	is hereby inc	corporat	is supplied under ted by reference.	
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FEE TRANSMITTAL for FY 2000

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT 1,462.00

C	omplete if Known	
Application Number		
Filing Date	December 29, 2000	
First Named Inventor	Jacob Christensen	
Examiner Name		
Group/Art Unit		
Attorney Docket No.	42390P10205	

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)					_		
The Commissioner is hereby authorized to credit any overpayments to:	3.		ITIONA					
Deposit Account 02-2666	_	Entity			1			
Number 02-2000	Fee	Fee	Fee	Fee	Fee	Description		Fee Paid
Deposit	Code	***	Code	(\$)				
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Charge Any Additional Fee(s) Required Under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.	139	130	139		cover sheet. Non-English spe	ocification		
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106 320 206 160 Design filing fee	120	310	220	155	Filing a brief in s	support of an	appeal	
407 490 207 245 Plant filing fee	121	270	221	135	Request for oral	l hearing		
108 710 208 355 Reissue filing fee	138	1,510	138 1	,510	Petition to institu	ute a public us	se proceeding	
114 150 214 75 Provisional filing fee	140	110	240	55	Petition to revive	e - unavoidab	le	
	141	1,240	241	620	Petition to revive	e - unintentior	nal	
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**or number previously paid, if greater, For Reissues, see below	581	40	581		Recording each		•	
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103 18 203 9 Claims in excess of 20	149	710	249		For each additio			
102 80 202 40 Independent claims in excess of	ia 179	710	279		examined (37 Cl Request for Con	•	•	
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109 80 209 40 **Reissue independent claims	169	900	169		Request for expe of a design appl		iation	
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SUBMITTED BY Complete (if applicable)								
Name (Print/Type) Donna Jo Coningsby		egistratio		1	1,684	Telephone	(503) 684	
Donna do Connigady	(At	ttorney/Age	ent)		1,007	, siophone	(303) 004	J200
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